COLORADO INDIGENT CARE PROGRAM

Personal Vehicle Use Verification

	Date
Name of Employer (Please Print)	_
Employer's Street Address	_
City, State, Zip	_
To Whom It May Concern:	
Printed Name of Employee (CICP Applicant)	currently uses his/her personal vehicle in the course of
performing his/her job responsibilitie	es.
The vehicle is used to:	
(Please check to affirm the following	r):
[] The employee (applicant) rec	ceives no reimbursement for vehicle expenses incurred.
Sincerely,	
Employer Representative's Signature	
Printed Name of Employer's Representative	
Employer's Telephone Number	